COMBINED DECLARATION F	ATTORNEY DOCKET NUMBER									
As a below named inventor, I hereby declare that:										
My residence, post office address and citizenship are as stated below next to my name.										
I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
URINE-COLLECTION DEVICE										
the specification of which (check only one item below):										
[X] is attached hereto.										
was filed as U.S. Patent Application Serial Number										
on, as amended on _ (if applicable).										
[] was filed as a PCT international application numberon										
		any amendment referred								
I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).										
I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the applications for which priority is claimed:										
PRIOR FOREIGN PATENT APPLICATION(S) AND ANY PRIORITY CLAIMED UNDER 35 U.S.C. §119:										
COUNTRY (If PCT Indicate PCT)	ÁPPLICATION NUMBER	DATE OF FILING (Day, Month, Year)	PRIORITY CLAIMED UNDER 35 USC 119							
			[]YES []NO							
			[]YES []NO							
			'[]YES []NO							
			[]YES []NO							
		7.17	[] YES [] NO							
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OCT-30-03 01:27AM FROM-AKERMAN SENTERFITT

	COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications) ATTORNEY DOCKET NUMBER 7313-1											
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT International filing date of this application.												
Р	PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:											
	·····		PPLICATIONS				STATUS (Cneck One)					
L		CATION NUM	BER	U.S FILING DATE		PATE	NTED	ABANDONED	PENDING			
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Г												
42 46 47 52	25,931; Gregory A. Neison, Registration No. 30,577; Pablo Meles, Registration No. 33,739; Joseph W. Bain, Registration No. 34,290; Robert J. Sacco, Registration No. 35,667; Mark D. Passler, Registration No. 40,764; Stanley A. Kim, Registration No. 42,730; Steven M. Greenberg, Registration No. 44,725; Larry G. Brown, Registration No. 45,834; Kevin T. Cuenot, Registration No. 46,283; Michael K. Dixon, Registration No. 46,665; Neil R. Jetter, Registration No. 46,803; Terry W. Forsythe, Registration No. 47,569; Mark M. Zyika, Registration No. 48,518; Sarah E. Smith, Registration No. 50,488; and Amy A. Ostrom, Registration No. 52,088. Send Correspondence to: Direct Telephone Calls to Michael K. Dixon											
Akerman Senterfiti Post Office Box 3188 West Palm Beacn, FL 33402-3188			.,	(561) 653-5000								
	FULL NAME OF INVENTOR	FAMILY NAME OTTO			FIRST GIVEN NAME EDGAR		SECOND GIVEN NAME A.					
201	RESIDENCE & CITIZENSHIP	BOCA RATON			STATE OR COUNTRY USA		COUNTRY OF CITIZENSHIP					
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 8558 HORSESHOE LANE			BOCA RATON		STATE & ZIP CODE/COUNTRY FLORIDA: 33496, USA					
	FULL NAME OF INVENTOR	FAMILY NAME OTTO			FIRST GIVEN NAME GREGORY		SECOND GIVEN NAME M.					
202	RESIDENCE & CITIZENSMIP	DELRAY BEACH			STATE OR COUNTRY USA		COUNTRY OF CITIZENSHIP					
	POST OFFICE ADDRESS	POST OFFICE 6646 BRIS	EADDRESS ITOL LAKE SO	этн э	CITY DELRAY BEACH		STATE & ZIP CODE/COUNTRY FLORIDA 33446, USA					
	FULL NAME OF INVENTOR	FAMILY NAME			FIRST GIVEN NAME		SECOND GIVEN NAME					
203	RESIDENCE & CITIZENSHIP	CITY		STATE OR COUNTRY		COUNTRY OF CITIZENSHIP						
	POST OFFICE ADDRESS	POST OFFICE ADDRESS		••	CUA		STATE & ZIP CODE/COUNTRY					
im)	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are oblieved to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by line or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or asyppatent issuing tripped.											
SiG	SIGNATURE OF INVENTOR 201			SIGNATURE OF INVENTOR 202		SIGNATURE	SIGNATURE OF INVENTOR 203					
DAYE 10/29/03 DA				DATE.	10/29/03 DATE							
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